

**HEALTHCARE FOR THE UNDOCUMENTED  
SUBCOMMITTEE OF THE INTEGRATED DELIVERY SYSTEM  
REFORM (IDSR) WORKGROUP  
MEETING MINUTES**

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Meeting Date: 12/15/2014

Meeting Location: JRTC 9-031, Chicago / Call-in: 888-494-4032

Approval: Draft



## 1. ATTENDANCE

## 2. MEETING LOGISTICS

Building: [JRTC 9-031, Chicago](#) / Call-in: [888-494-4032](#)

Remote Access Tools Used:

## 3. MEETING START

Meeting Schedule Start: [2:00 PM](#)

Meeting Actual Start: [2:35 PM](#)

Meeting Scribe: [Cheska Zoleta, Health & Medicine Policy Research Group](#)

## 4. AGENDA

### A. WELCOME AND INTRODUCTION- [Michael Gelder, Amalia Rioja](#)

[This will be the last meeting.](#)

### B. UPDATES

[Subcommittee put up a draft report. Thank you to Layla and her subcommittee- they created a draft of both background and recommendations that will be going to the new administration.](#)

[Amalia: This meeting is to approve that draft. Hopefully everyone reviewed it. Any general comments?](#)

[Layla's snapshot/overview of drafted report:](#)

[We tried to tackle various strategies:](#)

[1\) Access to affordable/subsidized health plans. Expand access for undocumented individuals. Private insurance, exploring public options.](#)

[2\) Figure out how to reallocate/invest money into institutions for the undocumented.](#)

[3\) Department of insurance- health plans don't require SSN](#)

[Funding remains an issue. Still need to figure that out, but there are concrete ideas. 1115 waiver/alliance is ending, but other workgroups are willing to take the recommendations forward. We will continue to move forward and pursue this strategy.](#)

[Amalia: Q for GOHIT – will this be added to the appendix? A: yes. We just added it.](#)

[Observation: One thing- in relation to state taking a major role there was an event – do you have the original email that \(Alex\) sent out to people? A: Amalia: we have a list of accomplishments, we can retrieve it.](#)

[The language in the e-mail can help put it together, and give more details that might help us. Funding is an issue but implementation is major. Even if we can design a successful strategy, implementation is imperative. Amalia: We will recirculate the list of accomplishments.](#)

[Q: Separate meeting? This will be for the on-going work of this SC or other third party organizations that want to raise this issue with the new admin. Send this to Virginia.](#)



Virginia: I have a footnote to add about this issue for the undocumented uninsured, many of these people work under other names. They don't use the insurance because their names don't match. When we look at these people, it's really a larger number. You can't subtract this number by the insured from employer – from Robs report (estimates of the uninsured undocumented) it's lower because they don't actually use this insurance.

Carmen: It does seem high/and matches the national statistic. Usually come from sources which are inaccurate for undocumented populations. Hard to get a real number.

Molly: On it says, Rec 3: as a result 60% of undocumented are uninsured. Rec 6: 41% already have coverage. I'll add a footnote. Wes: top of page 2 of the narrative it's the same footnote.

#### **C. REPORT & RECOMMENDATIONS**

Q Kathy: In recommendation 3, does it also include legal permanent residents who are barred from Medicaid because of federal regulations? Need to be resident for 5 years. If not, this is part of it because it's like a parody type of thing. A Layla: try to cover/make more explicit. It would have to be state funding. Those that will consider being legally present. There's short action status of the new program. Except for this, it would have to be state funded and cover quite a number of undocumented or LPRs as ineligible.

Kathy: for that category <5 they are eligible for basic health plan from ACA, draw down fed funds otherwise used for the marketplace. Can use funds to provide basic health which is like a Medicaid like program? Could be federal funding allowed/it's a new program/I'm not too familiar/Illinois doesn't have it.

Q: Any states exercise this option? A: New York 2017 – they haven't implemented it yet.

Carmen: may be very helpful, and ease funding issue

Michael: It has advantages that we explore, but we didn't make a formal recommendation, it's not available to states until next year or the one after 2016/2017. Basic Health Plan, option under ACA is ideal for states. Ideal to ensure people are enrolled in the same health provider, whether covered by Medicaid or not. This eliminates the confusion of costs that are incurred when people are moving in and out of Medicaid coverage.

Amalia: other thoughts or comments?

Michael: we are agreeing that federal relief by Obama would not entail federal funding for new folks, but if we are going to cover them which are a large number, make sure its state costs. A: correct. It's basically what we do for those under 19. Michael: how many people are in that bracket? Need clarification about state funding. We can say something in that section to consider coverage for those now and LPRs under 5 years who don't qualify for Medicaid program. Need to look at explicit numbers. It's over 280. Molly: this report is due at 5 PM. Layla you can send anything you need to me or feel free to write it yourself.

Layla: can you make the changes? Michael: I'll give you until tomorrow morning. Lila: I'll try to get it tomorrow morning.

Amalia: After comments, make a motion to approve the report with the revisions and edits. 2nd.

#### **D. REFLECTIONS & LESSONS LEARNED**

Carmen: I really want to thank you for all the hard work and hearing us out.

Michael: Other comments or reflections?

Funding will only get worse after Jan 1st, because of taxes. This gives us hope and was a rewarding experience. Check in with the Illinois Public Health Association. We'll check up on



them. Dave made a great summary of several acts. Esther will follow up. David monitors hospitals compliance with those acts of charity care. They have to get to his attention.

A: if there are no other comments, thank you Michael.

#### E. CLOSING & NEXT STEPS

We'll circulate the final version; the concept of this group is to keep working. We don't know what the new administration wants to do. We still have a grant hearing pending. It was supposed to be heard on Oct 31, but we are waiting for word. The election result could have had an impact on that. We'll turn this over to the new administration.

You an advocate for it going forward. We have a document that's a concrete roadmap to these issues and possible barriers. Thank you all.

## 5. MEETING END

Meeting Scheduled End:

Meeting Actual End:

## 6. SUMMARY OF ACTION ITEMS

Action	Assigned To	Deadline
Recirculate accomplishments/language from Alex's e-mail	Amalia	
Send in changes to Molly/Michael	Layla	12/16
Add foot notes/Send in recommendations	Molly	12/16

Cross cutting issues	Recommendations	Items of Consensus	Unique Stakeholder Issues/ Noted Concerns	Next Steps
			Basic Health Plan, option under ACA is ideal for states. Ideal to ensure people are enrolled in the same health provider, whether covered by Medicaid or not. This eliminates the confusion of costs that are incurred when people are moving in and out	



			of Medicaid coverage.	
			I have a footnote to add about this issue for the undocumented uninsured, many of these people work under other names. They don't use the insurance because their names don't match. When we look at these people, it's really a larger number. You can't subtract this number by the insured from employer – from Robs report (estimates of the uninsured undocumented) it's lower because they don't actually use this insurance.	

## 7. DECISIONS MADE

N/A

## 8. NEXT MEETING